

Freestanding Ambulatory Surgery Center Survey Parts A-G for 1/1/2006-12/31/2006

UID:

Part A: General Information

Georgia Department of Community Health

1. Identification:

Due Date: April 13, 2007

Year:

UID:

Facility UID	<input style="width: 95%;" type="text"/>		
a. Facility Name	<input style="width: 95%;" type="text"/>	b. County	<input style="width: 95%;" type="text"/>
c. Street Address	<input style="width: 95%;" type="text"/>	d. City	<input style="width: 95%;" type="text"/>
f. Mail Address	<input style="width: 95%;" type="text"/>	g. City	<input style="width: 95%;" type="text"/>
		e. Street Zip	<input style="width: 95%;" type="text"/>
		h. Mail Zip	<input style="width: 95%;" type="text"/>

2. Report Period:

Report data for the full 12-month period, January 1, 2006 through December 31, 2006 (365 days). Do not use a different report period.

Check the box to the right if your facility was NOT operational for the entire year.

If your facility was NOT operational for the entire year, provide the dates the facility was operational below:

Part B: Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey:

Name	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>
Telephone	<input style="width: 95%;" type="text"/>	Fax	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

Part C: Ownership, Operation, and Management

- 1. OWNERSHIP, OPERATION AND MANAGEMENT as of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menu, select the Organization Type. If the category is not applicable, the form requires you only to enter "Not Applicable" in the legal Name field. You must enter something for each category.**

Category	Full Legal Name (or "Not Applicable")	Organization Type	Effective Date
a. Facility Owner:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
b. Owner's Parent Org:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
c. Facility Operator:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
d. Operator's Parent Org:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
e. Mgmt. Contractor:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
f. Mgmt's Parent Org:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part D: Ambulatory Surgery Rooms, Procedures and Patients

- 1A. Rooms, Procedures and Patients in CON-Authorized Operating Procedure Rooms - A operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Human Resources pursuant to Rule 290-5-33-01(u).**

Room Type	# Rooms	# Procedures	# Patients
Operating Procedure Rooms	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

- 1B. Other Nonoperating/Procedure Rooms - Provide rooms, procedures, and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.**

1. Endoscopy Procedure Rooms	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. Minor Procedure Rooms	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3. Other Procedure Rooms	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part D: Ambulatory Surgery Rooms, Procedures and Patients (continued)

2. How many patients, if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

3. Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Ambulatory Surgery Patients by Race/Ethnicity							Total
American Indian/ Alaska Native	Asian	Black African American	Hispanic or Latino	Pacific Hawaiian Pacific Islander	White	Multi-Racial	
# Patients							
# Procedures							

4. Please report the number of patients by gender served during the report period along with the total number of procedures by gender.

	Male	Female	Total
Number of Patients			
Amb Surg Procedure			

Part E: Top Ten Ambulatory Surgical Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure. To delete a row, press ESC which will clear data from the row. Then click in the margin to the left of the CPT code column and press the delete key.

Part F: Utilization and Revenue by Payer Source for Ambulatory Surgery Services

1. Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please report Peachcare for Kids as Third-Party. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

	Patients	Procedures	Gross Revenue	Net Revenue
Medicare				
Medicaid				
Third Party				
Self Pay				
Other Payer				
Totals				

2. Provide the number of patients and procedures ambulatory surgery who were income tested as indigent or charity care cases.

	Indigent	Charity
Number Ambulatory Surgery Patients		
Number Ambulatory Surgery Procedure		

Part G: Financial Summary and Indigent and Charity Care Information

- 1a. Did the agency have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2006?
- 1b. If response to 1a. is YES:**
- 1b1. What was the effective date of the policy or policies in effect during 2006?:
- 1b2. Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.
- 1b3. Did the policy or policies include provision for the care that is defined as charity?

Please complete the following financial table for the 2006 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the database) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount	Revenue or Expense	Amount
2. <u>Gross Patient Revenue</u>		8. <u>Charity Care</u>	
3. <u>Medicare Contractual Adjustments</u>		A. Gross Charges	<input type="text"/>
4. <u>Medicaid Contractual Adjustments</u>		B. Compensation	<input type="text"/>
5. <u>Other Contractual Adjustments</u>		C. <u>Uncomp Charity (Net)</u>	
Total Contractual Adjustments		9. Other Free Care	<input type="text"/>
6. <u>Bad Debt</u>	<input type="text"/>	Total Net Patient Revenue	
7. <u>Indigent Care</u>		Total Net Revenue:	
A. Gross Charges	<input type="text"/>	10. <u>Other Revenue</u>	<input type="text"/>
B. Compensation	<input type="text"/>	11. <u>Total Expenses</u>	<input type="text"/>
C. <u>Uncomp Indigent (Net)</u>			

AGR
Total Uncompensated I/C
Percent Uncomp I/C

UID:

Georgia Department of Community Health

Due Date: April 13, 2007

Facility UID
Facility Name

Year:
UID:

Part H: Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- a) American Association of Ambulatory Care?
- b) American Association for Accreditation of Plastic Surgery Facilities?
- c) Other?

Specify other organizations that accredit your facility in the space below.

Part I: Patient Origin of Ambulatory Surgery Patients in the Surgical Center

Please report the county of origin for the patients treated in the surgical PUT WORD HERE.

To delete a row, press ESC which will clear data from the row. Then click in the margin to the left of the county name column and press the delete key.

Grand Total Patients

Georgia Department of Community Health

YOU MUST CHECK FOR ERRORS BEFORE COMPLETING THE SIGNATURE SECTION

In order to ensure the Signature Form will accept an authorized signature you must first click the "View Error Messages" button. This button will produce a report detailing any missing data items that are required or balances that do not agree but are required to be in balance. The Signature Form WILL NOT accept an authorized signature until each item on the Data Validation Report is corrected. After correcting errors, please click the "View Error Messages" button again to make sure that all errors have been cleared.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature:

Date:

Title:

Comments:

Unresolved Data Issues

Please explain any unresolved data issues in the comments box.